Exhibit D

From:

Miglio, Terrence J.

Sent:

Wednesday, October 01, 2014 5:18 PM

To:

Keith Flynn (KFlynn@millercohen.com)

Cc:

Buchanan, Barbara E.

Subject:

Resser v HFHS

**Attachments:** 

HFHS Medical and Psychotherapy Authorizations.PDF

Please have your client execute these authorizations and return them to us.

Terrence J. Miglio, Esq.

Direct: (248) 567-7828 Cell: (248) 408-2938



Best Lawyers

Varnum LLP

39500 High Pointe Boulevard, Suite 350

Novi, Michigan 48375

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~				ENT INFORMAT SE AUTHORIZA			M	IRN:	
INST Fill in	RUCT  the app	IONS propriate i	nformation i	n each applicable section	n, Sign and date	e the form.	A separate auth	orization must	be completed for each request.
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			Last	Fi	rst	Initial	······································		
Date	of Birth	: 12/3	1/1980	Last 4 Digits of SS#	8156		Sex: M/F	Telephone:	( )
Addr	ess:	Street:	20481	Foster Drive					
		City:	Clinton	Twp.		State:	MI	Zip:	48036
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1.	Name	or title of p		anization and address to	whom inform	ation is to b	e:		
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			Oker	nos, MI 48864					
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3.	This au	nthorizatio	n is valid on	ly if received by Henry I	ord Health Sy	stem within	60 days of the	date signed.	
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5.	the info	evoke this ormation to an 48202	authorization hat has alread	on at any time. Revocati dy been released pursuar	ons to this author	norization m rization. Co	nust be presente ontact Referring	d in writing. R Physician Offi	evocation will not apply to ice, One Ford Place, Detroit,
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Signa	ature:					Relation	ıship (if other tha	n patient):	
		Patient, Represe	, Parent of M entative, Hei	linor, Legal Guardian, P r at Law, Person under a	ersonal 1 POA*			Date:	

\* If Legal Guardian, Personal Representative or person with authority under a durable medical power of attorney, a copy of appropriate documentation is necessary for release

26091 Rev. 4/14

Case 2:14-cv-11916-GCS-SDD ECF No. 23-5, PageID.472 Filed 02/18/15 Page 4 of 6



									MR	KN:	
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\* If Legal Guardian, Personal Representative or Power of Attorney, a copy of appropriate documentation is necessary for release.



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	City:	Clinton	Twp.		State:	MI	Zip:		18036	
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Case 2:14-cv-11916-GCS-SDD ECF No. 23-5, PageID.474 Filed 02/18/15 Page 6 of 6



MRN:	

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\* If Legal Guardian, Personal Representative or Power of Attorney, a copy of appropriate documentation is necessary for release.